U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	<del></del>	
F	or Official Use Only,	
	NE 1977	
	/ HOUTS	
E	7 . 8 - "	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12 097	2. Fiscal Year Covered From
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Charles Waxmonsky	Name Heavy & Highway Construction Workers Labor Organization File Number 025-495
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 213 Ridge Wood Rd.	Street 4655 Lingles Town Rd. Suita I
City Wilkes-Barre	City Harrisburg,
State Pa ZIP Code + 4 /8702 + 4	State PA. ZIP Code + 4 17/13+4
5. Position in labor organization.  BUSINGS MAN	060F
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions):
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Chart	7.b. Amount,
Street	
City	
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Charles WAXMORISKY	On <u>8-/Q-05</u> <u>570-824-6470</u> Date Telephone Number

Name of Person Filing Charles WELMONSK!		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with.			
Name	a. Labor Organiza	ntion		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	ue of such dealing.		
City	12.a, Nature of interest hole	d or income received.		
State ZIP Code + 4				
	12.b. Amount.	<del></del>		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Columbia Parternoers	14.a. Nature of payment.	unch, + DINNOH		
Trade Name, if any:				

14.b. Amount of payment,

2 79.45

Form LM-30 (2003)

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

WAShington

かく

1775 PONNSYL AVANCE AVE, N.W.

ZIP Code + 4 20006

or Consultant

or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Sie RRa INVOSTMENT PARTNERS  Trade Name, if any:	14.a. Nature of payment.  Holiday G. Ft - Wine  44.5.00			
P.O. Box, Bldg., Room No., if any Street 101 fox Chase Court City South Ampton				
State NJ ZIP Code + 4 0 8088 - 2822 + 4				
13.b. Is the Business an Employer or Consultant ?  Monre formers	14.b. Amount of payment. 45.00			

Name of Person Filing Pharles Wasnowsky	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals witn;				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).  Laborers Local Union No. 158  Name Hoalth, Welfore + Pension	14.a. Nature of payment.  Thustee Meritings & Educational  Conferences Ruimbursoment				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street 2201 Forest Hills Drive Suite 6 A					
Cay Harrisburg	• }				
State Pa ZIP Code + 4 /7/12 - 1089+ K					
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.				



U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

## Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Charles Wagmondy